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# KY Hepatitis Connections

Inside this August 2015 edition of the KY Hepatitis Connections you will find information about viral hepatitis screening at the Kentucky State Fair, the HCV Summit Meeting in Atlanta, the 2<sup>nd</sup> annual Hepatitis: The Silent Epidemic in Kentucky conference, opportunities for viral hepatitis continuing professional education, and information about educational materials available. See all the exciting things happening here in Kentucky!

As always, feel free to forward, copy and/or distribute this newsletter to other professionals in your network. Your knowledge and input are greatly valued, as we are committed to keeping you up to date on shared progress in the medical community on viral hepatitis and its impact on our families throughout the Commonwealth. We hope you enjoy the August newsletter.

Kathy Sanders, RN, MSN

## **Come visit us at the Kentucky State Fair:**

### **FREE: HCV Prevention, Education, Screening, and Confirmatory Testing at the Kentucky State Fair**

The KY Adult Viral Hepatitis Prevention Coordinator (AVHPC) and University of Louisville Gastroenterology/ Liver Transplant are partnering with KentuckyOne to provide HCV education, screening, confirmatory testing, and referral at the Kentucky State Fair.

Stop by the Kentucky Exposition Center, South Wing B – at the KentuckyOne Booth HH-01 on August 22<sup>nd</sup>, August 25<sup>th</sup>, or August 28<sup>th</sup> from 9:00am to 1:00pm.

There will be a physician, nurses, nurse practitioner, educators, and phlebotomists available to provide **FREE** HCV information, perform HCV rapid screening, with follow up HCV RNA Quantitative Confirmation.

Referrals and appointments can be made onsite if follow up is needed.

### **Special thanks to our sponsors:**

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## 2<sup>nd</sup> Annual “Hepatitis: The Silent Epidemic in Kentucky” Conference

On World Hepatitis Day, July 28<sup>th</sup>, the 2<sup>nd</sup> Annual “Hepatitis: The Silent Epidemic in Kentucky” conference was held at the Embassy Suites in Lexington, KY. Over 235 healthcare providers from across the Commonwealth attended the conference. Special thanks to our speakers for taking the time out of their busy schedules to travel to Lexington to make this day such a success! Speakers included:

John Ward, M.D., Director of the Viral Hepatitis Division at the Center for Disease Control (CDC)

Chris Taylor, Senior Director, Viral Hepatitis at the National Alliance of State and Territorial AIDS Directors (NASTAD)

Stephanie Mayfield, M.D. FCAP, Commissioner Kentucky Department for Public Health

John Stutts, M.D., University of Louisville, Pediatric GI Division

Claudia Espinosa, M.D., M.Sc., Assistant Professor University of Louisville, Pediatric Infectious Disease

Robert Brawley, M.D., M.P.H., FSHEA, Chief Infectious Disease Branch, Kentucky Department for Public Health

Jens Rosenau, M.D., Assistant Professor University of Kentucky, Medical Director of Liver Transplantation

Matthew Cave, M.D., University of Louisville Hepatology

Barb Goshko, RN, MSN, APRN, FNP-BC University of Louisville Hepatology

Takako Shaninger, M.D., University of Kentucky Infectious Disease

Mark Fisher, M.S., Kentucky Department of Behavioral Health



**Pictured Above:** Kathy Sanders, KY AVHPC, Dr. Stephanie Mayfield, KY DPH Commissioner, Dr. Ward, CDC Viral Hepatitis Division Director; Dr. William Hacker, former KY DPH Commissioner; Chris Taylor, NASTAD.

# The Silent Epidemic in Kentucky Conference Pictures:



# Hepatitis: Preventing the Silent Epidemic in Kentucky



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# Hepatitis: Preventing the Silent Epidemic in Kentucky



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**Hepatitis:  
Preventing the Silent Epidemic  
in Kentucky**



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**OraSure Technologies, Inc.**

**Pfizer**

## Stopping the Hepatitis C Epidemic Among Young Persons Who Inject Drugs Summit

Atlanta, GA. —Dr. Kraig Humbaugh and Kathy Sanders attended a summit at the CDC in July on Stopping the Hepatitis C Epidemic among Young Persons Who Inject Drugs. The meeting focused on detection and response priorities, with the emphasis on priority surveillance, research and prevention strategies aimed at stopping the epidemic in high risk communities throughout the United States. .

On Day 2, the CDC's Division of Viral Hepatitis held a second meeting for representatives from the Adult Viral Hepatitis Prevention and Control Programs and programs conducting hepatitis surveillance, prevention, and/or research activities. The purpose of this meeting was to continue discussions with CDC staff and peers regarding opportunities and challenges for addressing the Hepatitis C virus among young persons who inject drugs. The discussions also focused on current efforts to identify and respond to Hepatitis C virus epidemics at the state/local level; partnerships that have been established or could be established to guide, implement and/or evaluate interventions; and how CDC can be of further assistance.



Above: Dr. Kraig Humbaugh, M.D., M.P.H. Senior Deputy Commissioner Kentucky Department for Public Health was one of the guest panel speakers at the Summit and presented “Hepatitis C: A Kentucky Perspective.”



## IN THE NEWS:

### FDA approves new treatment for chronic hepatitis C genotype 3 infections

The U.S. Food and Drug Administration today approved Daklinza (daclatasvir) for use with sofosbuvir to treat hepatitis C virus (HCV) genotype 3 infections. Daklinza is the first drug that has demonstrated safety and efficacy to treat genotype 3 HCV infections without the need for co-administration of interferon or ribavirin, two FDA-approved drugs also used to treat HCV infection

According to the Centers for Disease Control and Prevention, approximately 2.7 million Americans are infected with HCV of which, approximately 10 percent are genotype 3. "Today's approval provides a new option for patients with genotype 3 HCV, including those patients who cannot tolerate ribavirin," said Edward Cox, M.D., director of the Office of Antimicrobial Products in the FDA's Center for Drug Evaluation and Research.

The safety and efficacy of Daklinza in combination with sofosbuvir were evaluated in a clinical trial of 152 treatment-naïve and treatment-experienced participants with chronic HCV genotype 3 infection. Participants received Daklinza 60 mg plus sofosbuvir 400 mg once daily for 12 weeks and were monitored for 24 weeks post treatment. The studies were designed to measure whether a participant's hepatitis C virus was no longer detected in the blood 12 weeks after finishing treatment (sustained virologic response), suggesting a participant's infection had been cured.

Results showed that 98 percent of the treatment-naïve participants with no cirrhosis of the liver and 58 percent of the treatment-naïve participants with cirrhosis achieved sustained virologic response. Of the participants who were treatment-experienced, 92 percent with no cirrhosis of the liver and 69 percent with cirrhosis achieved sustained virologic response. Daklinza labeling carries a Limitations of Use statement to inform prescribers that sustained virologic response rates are reduced in HCV genotype 3 infected patients with cirrhosis.

Read More: <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm455888.htm>

### Hepatitis B and Hepatitis C Clinical Trials at Cincinnati Children's Hospital

Exciting News! We just received notice from Dr. Stutts, UL Pediatric Infectious Disease, of 3 new trials taking place at Cincinnati Children's Hospital for Hepatitis B/C. These are the types of trials required for FDA approval for use in children.



# Hepatitis B and Hepatitis C Clinical Trials at Cincinnati Childrens Hospital

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HEPATITIS B & HEPATITIS C RESEARCH STUDIES

Disease	Hepatitis B	Hepatitis C (GT2 & GT3)	Hepatitis C (GT1 – enrolled first) (GT2, GT4, GT5, GT6)
Study Drug Info	Tenofovir vs Placebo	Sofosbuvir + Ribavirin (separate pills)	Sofosbuvir + Ledispavir (combination pill)
	Weight based 150, 200, 250 or 300 mg	Sofosbuvir 400 mg Ribavirin 15 - 1400 mg	Sofosbuvir 400 mg Ledispavir 90 mg
	Blinded: 72 wks Open Label: 120 wks	Open Label	Open Label
Ages	2 – 11	3 – 17	3 – 17
Key Criteria	<u>Inclusion</u> <ul style="list-style-type: none"> <li>• HBV infection for at least 6 months</li> <li>• ALT <math>\geq</math> 1.5 X ULN</li> <li>• HBVDNA <math>\geq</math> 10<sup>5</sup> copies/mL</li> <li>• HGB <math>\geq</math> 10.0 g/dL</li> </ul> <u>Exclusion</u> <ul style="list-style-type: none"> <li>• HIV, HAV, HCV</li> </ul>	<u>Inclusion</u> <ul style="list-style-type: none"> <li>• HCV infection for at least 6 months</li> <li>• HCV RNA <math>\geq</math> 1000 IU/mL</li> <li>• HGB <math>\geq</math> 11.0 g/dL</li> </ul> <u>Exclusion</u> <ul style="list-style-type: none"> <li>• HIV, HAV, HBV</li> </ul>	<u>Inclusion</u> <ul style="list-style-type: none"> <li>• HCV infection for at least 6 months</li> <li>• HCV RNA <math>\geq</math> 1000 IU/mL</li> <li>• HGB <math>\geq</math> 11.0 g/dL</li> </ul> <u>Exclusion</u> <ul style="list-style-type: none"> <li>• HIV, HAV, HBV</li> </ul>
Study Duration Per Subject	192 weeks total	GT2: 12 wks treatment GT3: 24 wks treatment Both: 24 wks follow-up	12 weeks treatment 24 weeks follow-up
PI Co-PI	Jorge Bezerra, M.D. William Balistreri, M.D.	William Balistreri, M.D. Jorge Bezerra, M.D.	William Balistreri, M.D. Jorge Bezerra, M.D.
CRC	<b>Tracie Horning</b> <a href="mailto:tracie.horning@cchmc.org">tracie.horning@cchmc.org</a> 636-7511		

## **FDA Hepatitis Update - Approval of Technivie to treat of genotype 4 chronic hepatitis C virus**

On July 24, 2015, FDA approved TECHNIVIE, a fixed-dose combination containing ombitasvir, a hepatitis C virus NS5A inhibitor; paritaprevir, a hepatitis C virus NS3/4A protease inhibitor; and ritonavir, a CYP3A inhibitor. The product is indicated in combination with ribavirin for the treatment of patients with genotype 4 chronic hepatitis C virus (HCV) infection without cirrhosis.

TECHNIVIE in combination with ribavirin is the first drug that has demonstrated safety and efficacy to treat genotype 4 HCV infections without the need for co-administration of interferon, an FDA-approved drug also used to treat HCV infection.

TECHNIVIE is not recommended for use in patients with moderate hepatic impairment (Child-Pugh B) and is contraindicated in patients with severe hepatic impairment (Child-Pugh C).

Read More: [http://hepatitiscnewdrugs.blogspot.com/2015/07/fda-hepatitis-update-approval-of\\_24.html](http://hepatitiscnewdrugs.blogspot.com/2015/07/fda-hepatitis-update-approval-of_24.html)

## **Merck Announces U.S. Food and Drug Administration Acceptance of New Drug Application for Grazoprevir/Elbasvir, an Investigational Therapy for Treatment of Chronic Hepatitis C Genotypes 1, 4, and 6 Infection**

Merck (NYSE:MRK), known as MSD outside the United States and Canada, in July announced that the U.S. Food and Drug Administration (FDA) has accepted for review the New Drug Application for grazoprevir/elbasvir (100mg/50mg), an investigational, once-daily, single-tablet combination therapy for the treatment of adult patients infected with chronic hepatitis C virus (HCV) genotypes (GT) 1, 4, or 6.1 The FDA granted Priority Review for grazoprevir/elbasvir (100mg/50mg), with a Prescription Drug User Fee Act (PDUFA) action date of January 28, 2016

“The U.S. FDA’s Priority Review designation for grazoprevir/elbasvir underscores how innovative treatment approaches for chronic hepatitis C are still needed for many patient populations,” said Dr. Roy Baynes, senior vice president of clinical development, Merck Research Laboratories. “Our clinical data for grazoprevir/elbasvir in broad and diverse patient populations with chronic hepatitis C are very encouraging, and we look forward to continuing our dialogue with the FDA to bring this novel combination medicine to the appropriate patients with chronic hepatitis C.”

Read More: <http://hepatitiscnewdrugs.blogspot.com/2015/07/fda-acceptance-of-nda-for-mercks.html>

## **Achillion Announces That Janssen Has Initiated a Phase I Study to Evaluate the Effect of Simeprevir and Odalasvir (ACH-3102) on AL-335 Pharmacokinetics –**

Achillion Pharmaceuticals, Inc. (Nasdaq:ACHN) announced today that Alios Biopharma Inc., part of the Janssen Pharmaceutical Companies (Janssen) has initiated a phase I clinical trial to evaluate the potential effect of simeprevir and odalasvir (also known as ACH-3102) on the pharmacokinetics of AL-335 in healthy volunteers.

This phase I study is an open-label, two-group study of simeprevir and odalasvir, a HCV NS5A inhibitor, on the pharmacokinetics of AL-335, a nucleotide-based HCV polymerase inhibitor. The primary objective of the study is to investigate the potential effect of simeprevir and odalasvir on the pharmacokinetics of AL-335 when administered in combination to healthy volunteers.

As previously announced on May 19, 2015, Achillion has granted Janssen an exclusive, worldwide license to develop and, upon regulatory approval, commercialize HCV products and regimens containing one or more of Achillion's HCV assets which include odalasvir (ACH-3102), ACH-3422, and sovaprevir.

See more at: <http://globenewswire.com/news-release/2015/08/03/756965/0/en/Achillion-Announces-That-Janssen-Has-Initiated-a-Phase-I-Study-to-Evaluate-the-Effect-of-Simeprevir-and-Odalasvir-ACH-3102-on-AL-335-Pharmacokinetics.html>

## **HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C**

New direct-acting oral agents capable of curing hepatitis C virus (HCV) infection have been approved for use in the United States. The initial direct-acting agents were approved in 2011, and many more oral drugs are expected to be approved in the next few years. As new information is presented at scientific conferences and published in peer-reviewed journals, health care practitioners have expressed a need for a credible source of unbiased guidance on how best to treat their patients with HCV infection. To provide healthcare professionals with timely guidance, the American Association for the Study of Liver Diseases (AASLD) and the Infectious Diseases Society of America (IDSA) in collaboration with the International Antiviral Society–USA (IAS–USA) have developed a web-based process for the rapid formulation and dissemination of evidence-based, expert-developed recommendations for hepatitis C management.

New sections will be added, and the recommendations will be updated on a regular basis as new information becomes available. An ongoing summary of "recent changes" will also be available for readers who want to be directed to updates and changes.

An estimated 3 million to 4 million persons in the United States are chronically infected with HCV, and approximately half are unaware of their status. These individuals may ultimately progress to advanced liver disease and/or hepatocellular cancer. However, those outcomes can be prevented by treatment, which is rapidly improving and offers the potential of a cure to more patients than has been previously possible. Access the Report: <http://www.hcvguidelines.org/full-report-view>

## REMINDER: HEPATITIS C Reporting:

### Hepatitis C: Perinatal and Children Aged Five Years or Less

Health care providers should report, <http://www.lrc.ky.gov/kar/902/002/020.htm>

- all HCV-positive pregnant women;
- all infants born to HCV-positive women; and
- all HCV-positive infants and children aged 5 years old and younger seen in birthing hospitals, medical practices and clinics

Routine testing for HCV is not recommended for all pregnant women. Pregnant women with a known risk factor for HCV infection should be offered counseling and testing. Data from the CDC states that approximately 6 out of every 100 infants born to HCV infected women become infected. The risk is greater, 2 to 3 times, if the woman is co-infected with HIV. There is currently no HCV treatment approved for pregnant women.

<http://www.cdc.gov/std/treatment/2010/hepc.htm>

### Infants born to mothers with HCV

Infants born to HCV-positive mothers should be tested for HCV infection. Children born to HCV-positive mothers can be tested with the **HCV RNA tests at 2 months of age or older** (at a routine well-child visit), or **HCV antibody testing can be done at 18 months of age** (HCV antibody testing should be delayed until 18 months of age to avoid detecting maternal antibody).

**The Kentucky Department for Public Health recommends the use of quantitative HCV RNA tests at 2 months of age or older to assess whether HCV was transmitted to the infant from the HCV-positive mother.**

<http://www.cdc.gov/hepatitis/hcv/hcvfaq.htm>

**Complete and fax the reporting form at the end of this newsletter.**

**Fax forms to 502-696-3803**

# Perinatal Hepatitis B:

Hepatitis B virus (HBV) infection in a pregnant woman poses a serious risk to her infant at birth. Without post-exposure immune prophylaxis, approximately 40% of infants born to HBV-infected mothers in the United States will develop chronic HBV infection, approximately one-fourth of whom will eventually die from chronic liver disease.

Perinatal HBV transmission can be prevented by identifying HBV-infected (i.e., Hepatitis B surface antigen [HBsAg]-positive) pregnant women and providing Hepatitis B immune globulin and Hepatitis B vaccine to their infants within 12 hours of birth.

Preventing perinatal HBV transmission is an integral part of the national strategy to eliminate Hepatitis B in the United States. National guidelines call for the following:

- Universal screening of pregnant women for HBsAg during each pregnancy
- Case management of HBsAg-positive mothers and their infants
- Provision of immunoprophylaxis for infants born to infected mothers, including Hepatitis B vaccine and Hepatitis B immune globulin
- Routine vaccination of all infants with the Hepatitis B vaccine series, with the first dose administered at birth

## Guidelines and Recommendations

Hepatitis B Vaccination Recommendations for Infants, Children, and Adolescents

MMWR 2005;54(RR-16)

[Main Document](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a1.htm?s_cid=rr5416a1_e)([http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a1.htm?s\\_cid=rr5416a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a1.htm?s_cid=rr5416a1_e))

[Appendix A](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a2.htm?s_cid=rr5416a2_e)([http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a2.htm?s\\_cid=rr5416a2\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a2.htm?s_cid=rr5416a2_e))

Case Finding and Management of HBsAg-Positive Persons

[Appendix B](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a3.htm?s_cid=rr5416a3_e)([http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a3.htm?s\\_cid=rr5416a3\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a3.htm?s_cid=rr5416a3_e))

Immunization Management Issues

[Appendix C](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a4.htm?s_cid=rr5416a4_e)([http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a4.htm?s\\_cid=rr5416a4\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a4.htm?s_cid=rr5416a4_e))

Post-exposure Prophylaxis

[PDF version](http://www.cdc.gov/migration/iteration3.1/mmwr/pdf/rr/rr5416.pdf)[PDF - 39 pages](<http://www.cdc.gov/migration/iteration3.1/mmwr/pdf/rr/rr5416.pdf>)

(with appendices)

# Screening Pregnant Women for Hepatitis B Virus (HBV) Infection:

## Ordering Prenatal Hepatitis B Surface Antigen (HBsAg) Tests from Major Commercial Laboratories

Laboratory	Test Option	Test Name	Reflex to Confirmation Test*	Test Code/ID	CPT Code	Web Link
ARUP Laboratories	Panel	Prenatal Reflexive Panel	✓	0095044	87340**	<a href="http://ltd.aruplab.com/Tests/Pub/0095044">http://ltd.aruplab.com/Tests/Pub/0095044</a>
	Standalone	Hepatitis B Virus Surface Antigen with Reflex to Confirmation, Prenatal	✓	2007573	87340	<a href="http://ltd.aruplab.com/Tests/Pub/2007573">http://ltd.aruplab.com/Tests/Pub/2007573</a>
LabCorp	Panel	Prenatal Profile I with Hepatitis B Surface Antigen	✓	202945	80055	<a href="https://www.labcorp.com/wps/portal/provider/testmenu/">https://www.labcorp.com/wps/portal/provider/testmenu/</a> (Enter test code or CPT code to search for test)
	Panel	Hepatitis Profile XIII (HBV Prenatal Profile)	✓	265397	87340**	<a href="https://www.labcorp.com/wps/portal/provider/testmenu/">https://www.labcorp.com/wps/portal/provider/testmenu/</a> (Enter test code or CPT code to search for test)
	Standalone	N/A	N/A	N/A	N/A	
Mayo Medical Laboratories	Panel	Prenatal Hepatitis Evaluation	✓	PHSP	87340**	<a href="http://www.mayomedicallaboratories.com/test-catalog/Overview/5566">http://www.mayomedicallaboratories.com/test-catalog/Overview/5566</a>
	Standalone	Hepatitis B Surface Antigen Prenatal, Serum	✓	HBAGP	87340	<a href="http://www.mayomedicallaboratories.com/test-catalog/Overview/86185">http://www.mayomedicallaboratories.com/test-catalog/Overview/86185</a>
Quest Diagnostics	Panel	Obstetric Panel	✓	20210	80055	<a href="http://www.questdiagnostics.com/testcenter/BUOrderInfo.action?tc=20210&amp;labCode=MIA">http://www.questdiagnostics.com/testcenter/BUOrderInfo.action?tc=20210&amp;labCode=MIA</a>
	Standalone	N/A	N/A	N/A	N/A	

\*When an HBsAg test result is reactive, laboratories may automatically perform a confirmatory test without additional provider order.

\*\*This CPT code corresponds only to the HBsAg screening component of this laboratory panel; additional CPT codes might be associated with other component tests in this laboratory panel.

**Notes:** CDC recommends healthcare providers use prenatal HBsAg tests (vs. non-specific tests) for pregnant women, which allows for reporting of positive results along with pregnancy status to public health jurisdictions. Refer all HBsAg positive pregnant women to Perinatal Hepatitis B Prevention Program coordinators for case management of mother and infant:  
<http://www.cdc.gov/vaccines/vpd-vac/hepb/perinatal-contacts.htm>.

Laboratories reserve the right to add, modify, or stop performing tests at any time – providers should review any test notifications from laboratories for changes.



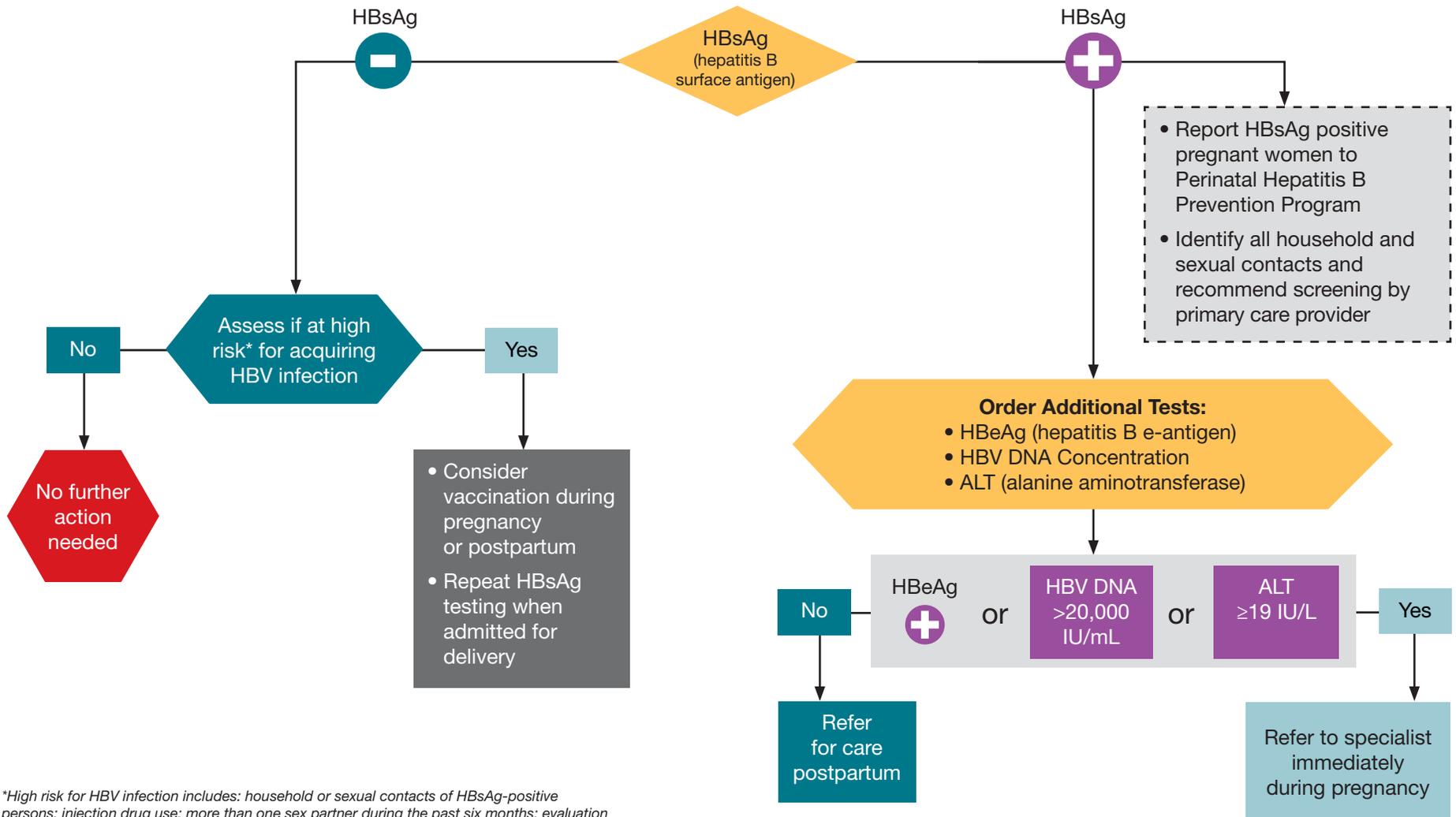
U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention



The American College of Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS

[www.cdc.gov/hepatitis](http://www.cdc.gov/hepatitis)

# Screening and Referral Algorithm for Hepatitis B Virus (HBV) Infection among Pregnant Women



\*High risk for HBV infection includes: household or sexual contacts of HBsAg-positive persons; injection drug use; more than one sex partner during the past six months; evaluation or treatment for a sexually transmitted disease; HIV infection, chronic liver disease, or end-stage renal disease; and international travel to regions with HBsAg prevalence of  $\geq 2\%$ .

Adapted with permission from the Hepatitis B Foundation. Original publication: Apuzzio J, Block J, Cullison S, et al. Chronic Hepatitis B in pregnancy: A workshop consensus statement on screening, evaluation, and management, part 2. *The Female Patient*. 2012; 37(5):30-34



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention



The American College of Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS

[www.cdc.gov/hepatitis](http://www.cdc.gov/hepatitis)

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# Kentucky Reportable Disease Form

**Department for Public Health  
Division of Epidemiology and Health Planning  
275 East Main St., Mailstop HS2E-A  
Frankfort, KY 40621-0001**

**Hepatitis Infection in Pregnant Women or Child (under the age of five)  
Fax Form to 502-696-3803**

DEMOGRAPHIC DATA					
Patient's Last Name	First	M.I.	Date of Birth	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk
Address		City	State	Zip	County of Residence
Phone Number	Patient ID Number	Ethnic Origin <input type="checkbox"/> His. <input type="checkbox"/> Non-His.		Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A/PI <input type="checkbox"/> Am.Ind. <input type="checkbox"/> Other	

DISEASE INFORMATION			
Describe Clinical Symptoms:	Date of Onset: / /	Jaundice: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Diagnosis: / /
Is Patient Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, # wks _____	Expected Date of Delivery: / /	Name of Hospital for Delivery:	
Physician Provider Name: Address: Phone:			

LABORATORY INFORMATION				
Hepatitis Markers	Results	Date of test	Viral Load *if applicable	Name of Laboratory
HBsAg	<input type="checkbox"/> Pos <input type="checkbox"/> Neg	/ /		
IgM anti-HBc	<input type="checkbox"/> Pos <input type="checkbox"/> Neg	/ /		
HBeAg	<input type="checkbox"/> Pos <input type="checkbox"/> Neg	/ /		
IgM anti-HAV	<input type="checkbox"/> Pos <input type="checkbox"/> Neg	/ /		
HCV Antibody	<input type="checkbox"/> Pos <input type="checkbox"/> Neg	/ /		
HCV RNA Confirmation	<input type="checkbox"/> Pos <input type="checkbox"/> Neg	/ /		

SERUM AMINOTRANSFERASE LEVELS				
Patient	Reference	Date of test	Name of Laboratory	
AST (SGOT) U/L	U/L	/ /		
ALT (SGPT) U/L	U/L	/ /		

<p>Mother: Hepatitis Risk Factors</p> <input type="checkbox"/> IDU <input type="checkbox"/> Multiple Sexual Partners <input type="checkbox"/> Tattoos <input type="checkbox"/> STD <input type="checkbox"/> HIV <input type="checkbox"/> Foreign Born/ Country _____ <input type="checkbox"/> Exposure to known HBV/HCV Pos contact	<p>Child: Hepatitis Risk Factors</p> <input type="checkbox"/> Mother HBV Pos <input type="checkbox"/> Household member exposure HBV Pos <input type="checkbox"/> Mother HCV Pos <input type="checkbox"/> Household member exposure HCV Pos <input type="checkbox"/> Foreign Born / Country _____
<p>Mother: Hepatitis A vaccination history: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused Dates Given: / /                  Hepatitis B Vaccination history: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused                  If yes, how many doses <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Year completed: / /</p>	
<p>Child: Hepatitis A vaccination history: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused Dates Given: / /                  Hepatitis B Vaccination history: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused Dates Given: / /                  Was PEP Infant of Positive HBV mother given at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

